

Marcus Callahan

Defendant's name

YOU ARE RELEASED ON THE FOLLOWING ADDITIONAL CONDITIONS INDICATED BELOW:

PERSONAL PROMISE OF	<input checked="" type="checkbox"/>	PERSONAL RECOGNIZANCE. Your personal recognizance, provided that you promise to appear at all scheduled hearings, trials, or otherwise as required by the Court.
	<input type="checkbox"/>	UNSECURED APPEARANCE BOND. Your personal unsecured appearance bond, to be forfeited should you fail to appear as required by the Court.
	<input type="checkbox"/>	CASH BOND. Upon execution of appearance bond, to be forfeited should you fail to appear as required by the Court, secured by a deposit, such deposit to be returned when the Court determines you have performed the conditions of your release. You will deposit in the registry of the Court _____%.
	<input type="checkbox"/>	SURETY BOND. Upon execution of appearance bond with approved surety.

FILED

JUN 02 2005

YOU ARE HEREBY RELEASED ON THE CONDITIONS INDICATED BELOW:

<input type="checkbox"/> 1) SUPERVISORY CUSTODY	You hereby agree to be placed in the custody of _____ who agrees (a) to supervise you in accordance with the conditions below, (b) to use every effort to assure your appearance at all scheduled hearings, trials, or otherwise, and (c) to notify the D.C. Pretrial Services Agency immediately in the event you violate any condition of release or disappear. Agency telephone — 727-2800.		NANCY MAYER WHITTINGTON, CLERK U.S. DISTRICT COURT Custodian's address Custodian's phone no. 442-1000
<input checked="" type="checkbox"/> 2) YOU ARE TO REPORT	<input checked="" type="checkbox"/> weekly <input type="checkbox"/> other-specify _____	<input checked="" type="checkbox"/> in person TO <input checked="" type="checkbox"/> THE D.C. PRETRIAL SERVICES AGENCY AT 727-2800. <input type="checkbox"/> by phone Your attorney, whose name and address is shown below.	
<input checked="" type="checkbox"/> 3) YOU ARE TO LIVE	<input checked="" type="checkbox"/> at the above address address phone no. <input type="checkbox"/> with _____ name and relationship to defendant phone no. <input type="checkbox"/> at _____ address phone no. being in at night by _____ P.M. time		
<input type="checkbox"/> 4a) YOU ARE TO WORK	<input type="checkbox"/> by obtaining a job within _____ days and reporting it to the D.C. Pretrial Services Agency at 727-2800. <input type="checkbox"/> by maintaining your job at _____ Employer's name and address _____ name and address		
<input type="checkbox"/> 4b) YOU ARE TO STUDY	<input type="checkbox"/> by enrolling in school at _____ name and address <input type="checkbox"/> by maintaining your student status at _____ name and address		
<input checked="" type="checkbox"/> 5) YOU ARE TO STAY	<input checked="" type="checkbox"/> 10 BLK RADIUS OF HUNTER PLACE SE, WASH DC <input type="checkbox"/> Within the D.C. area.		
<input type="checkbox"/> 6) NARCOTICS			
<input checked="" type="checkbox"/> 7) OTHER CONDITION	Once a week Drug Testing		
<input type="checkbox"/> 8) REARREST	Any rearrest on probable cause for any subsequent offense may result in revoking your present bond and setting it at		

You are instructed that any violation of a condition of release may result in revocation of release, pretrial detention or contempt. If you willfully fail to appear as required, you will be subject to prosecution and if convicted, the maximum penalties are indicated on the reverse side. Furthermore, your release is subject to the terms and conditions contained on the reverse side which are incorporated in and made a part of this order, which by your signature below you certify you have read and understand.

NEXT DUE BACK	in Courtroom 18 at 9:15 AM on 6/17/05 or when notified and you must appear at all subsequent continued dates. You must also appear	YOUR ATTORNEY Dan Jahn name 202-208-7500 address phone no.
---------------	--	--

DEFENDANT'S SIGNATURE	Marcus Callahan	I understand the penalties which may be imposed on me for willful failure to appear or for violation of any condition of release and agree to comply with the conditions of my release and to appear as required.
WITNESSED BY	Courtroom Deputy	

IMPORTANT: YOU ARE TO NOTIFY IMMEDIATELY THE D.C. PRETRIAL SERVICES AGENCY, 500 INDIANA AVE., N.W., FIRST FLOOR, TELEPHONE NUMBER 727-2800, OF ANY CHANGE OF ADDRESS, EMPLOYMENT, OR CHANGE IN STATUS OF ANY RELEASE CONDITIONS.

WHITE—TO COURT PAPERS
BLUE—TO JUDGE
GREEN—TO D.C. PRETRIAL SERVICES AGENCY
CANARY—TO DEFENSE ATTORNEY
PINK—TO U.S. ATTORNEY
GOLDENROD—TO DEFENDANT

Date 6/2/05

SO ORDERED

Signature of Judge